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18-0002

PTO/SB/06 (8-96)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY SMALL ENTITY OR (Column 2) (Column 1) RATE FEE **RATE** NUMBER EXTRA FEE NUMBER FILED **FOR** s 690 BASIC FEE OR (37 CFR 1.16(a)) **TOTAL CLAIMS** OR minus 20 = (37 CFR 1.16(c)) INDEPENDENT CLAIMS OR minus 3 =(37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT OR (37 CFR 1.16(d)) 690 OR TOTAL TOTAL * If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II OR SMALL ENTITY SMALL ENTITY (Column 3) (Column 2) (Column 1) ADDI-ADDI-HIGHEST **CLAIMS** PRESENT TIONAL REMAINING NUMBER RATE TIONAL RATE AMENDMENT **EXTRA** PREVIOUSLY **AFTER** FEE FEE **AMENDMENT** PAID FOR OR ** Total = Minus (37 CFR 1.16(c)) OR *** Independent = Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL OR TOTAL ADDIT. FEE ADDIT. FEE (Column 3) (Column 2) (Column I) ADDI-ADDI-HIGHEST **CLAIMS** TIONAL RATE REMAINING PRESENT RATE TIONAL NUMBER **PREVIOUSLY EXTRA** FEE ENT AFTER FEE PAID FOR AMENDMENT OR **AMENDM** Total = Minus (37 CFR 1.16(c)) OR *** = Independent Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR Please TOTAL m OR TOTAL ADDIT. FEE П ADDIT. FEE (Column 3) (Column 2) m (Column 1) NCLOSED:\$690.0C charge ADDI ADDI-HIGHEST **CLAIMS** TIONA PRESENT TIONAL NUMBER RATE RATE REMAINING **AMENDMENT EXTRA** FEE **PREVIOUSLY** FEE **AFTER** PAID FOR any further **AMENDMENT** OR = **Total** Minus (37 CFR 1.16(c)) OR *** Independent = Minus OR (37 CFR 1.16(b)) (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective JANUARY, 2003 CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE SMALL ENTITY TOTAL CLAIMS RATE FEE RATE FEE **FOR** NUMBER FILED BASIC FEE 375.00 NUMBER EXTRA OR BASIC FEE 77.0.00 TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18=OR **INDEPENDENT CLAIMS** minus 3 = X42= X86 OR MULTIPLE DEPENDENT CLAIM PRESENT +140= +280= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) SMALL ENTITY SMALL ENTITY OR (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** AMENDMENT RATE TIONAL **AFTER PREVIOUSLY** RATE TIONAL **EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus ** X\$ 9= X\$18= OR Independent Minus · X42 =X86 =OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140= OR TOTAL TOTAL OR ADDIT, FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT ENDMENT TIONAL RATE **AFTER PREVIOUSLY** TIONAL RATE EXTRA AMENDMENT PAID FOR FEE FEE Total Minus ** X\$ 9= X\$18=OR AM inaependent Minus X42= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT AMENDMENT **PREVIOUSLY AFTER** TIONAL RATE TIONAL RATE **EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus = X\$18 = ...X\$ 9= OR Independent Minus *** . = X8b X42 =OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= +280= OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." OR ADDIT. FEE ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) Is the highest number found in the appropriate box in column 1.